

Wisconsin Department of Regulation & Licensing

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PHARMACY EXAMINING BOARD

CERTIFICATION OF POST-GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SUPERVISING PHARMACIST AND RETURNED TO THE PHARMACY
EXAMINING BOARD

Wis. Admin. Code § 17.02(6) Definition

(6) "Post-graduate internship" means the practice of pharmacy by a person who has first filed an application with the board for original licensure under s. Phar 2.02 and has graduated from a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

Wis. Admin. Code Phar 17.05 Post-graduate internship.

(1) Prior to performing duties as an intern or to receiving credit for hours participating in a post-graduate internship, the person must file an application with the board for original licensure under s. Phar 2.02 and submit to the board evidence of having been graduated from a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(2) A post-graduate internship is limited to performing duties constituting the practice of pharmacy under the supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an interns under his or her supervision, signed by the intern and the supervising therapist. The written record shall be produced to the board upon request.

(3) Upon completing a maximum of 2000 hours of the practice of pharmacy in a post-graduate internship, the internship is terminated and the person shall not further engage in the practice of pharmacy until obtaining licensure from the board.

Wis. Admin. Code § Phar 17.02(9) "Supervising pharmacist" means a pharmacist who supervises and is responsible for the actions of an intern in the practice of pharmacy.

This form may be copied and additional copies submitted if necessary

APPLICANT - PLEASE COMPLETE THIS SECTION:

Date of Graduation

Name (First, Middle, Maiden, Last)

Address (Street, City, State, Zip)

SUPERVISING PHARMACIST - PLEASE COMPLETE THIS SECTION - POST-GRADUATE INTERNSHIP CERTIFICATION:

I have supervised the applicant for a total of _____ hours (limited to a maximum of 2000 hours) in a post-graduate internship in the practice of pharmacy .

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Supervising Pharmacist

Wis. License #

Date

Internship Location-Name and Address (Name, Street, City, State, Zip Code)

State of

County of

Subscribed and sworn before me this ____ day
of _____, 20____
by _____

S E A L

Notary Public, State of

My commission expires:

#2536 (10/02)

Ch.450, Stats.

Committed to Equal Opportunity in Employment and Licensing